



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT WARRICK HOSPITAL

City of Hospital: Boonville

Year Begin: 07/01/2018 (mm/dd/yyyy format)

Year End: 06/30/2019 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 151325

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$13530375
Outpatient Patient Service Revenue	\$35768824
Total Gross Patient Service Revenue	\$49299199

2. Deductions From Revenue

Contractual Allowance	\$30480711
Other Deductions	\$1907752
Total Deductions	\$32388463

3. Total Operating Revenue

Net Patient Service Revenue	\$15820872
Other Operating Revenue	\$683590
Total Operating Revenue	\$16504462

4. Operating Expenses

Salaries and Wages	\$5059562	Employee Benefits	\$1606642
Depreciation and Amortization	\$551285	Interest Expense	\$0

Bad Debt	\$1089864	Other Expenses	\$10099508
Total Operating Expenses	\$18406861		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-812534	Total Assets	\$9973195
Net Non-operating Gains over Loss	\$-6494	Total Liabilities	\$9633108
Total Net Gains	\$-819028		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$27490703	\$18197687	\$9293016
Medicaid	\$8227044	\$7644312	\$582732
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$13581452	\$3980162	\$9601290
Total	\$49299199	\$29822161	\$19477038

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss

Research	\$0	\$0	\$0
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Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$15818	\$-15818

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$801

Statement Six: Charity Statement

Hospital Charity Charges	\$2566303
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$846917	
HCI Payments	\$0		
Subtotal	\$0	\$846917	\$-846917
Medicaid Shortfalls	\$720689	\$3696914	
Subtotal	\$720689	\$3696914	\$-2976225
DSH Payments	\$0		
Subtotal	\$720689	\$3696914	\$-2976225
Medicare Shortfalls	\$9163049	\$9072326	
Other Government Programs	\$0	\$0	
Total	\$9883738	\$12769240	\$-2885502

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$7903	\$-7903
Community Assessment	\$0	\$12655	\$-12655
Provision of Taxes	\$0	\$981871	\$-981871
Other Allocations	\$0	\$0	\$0

Comments

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